

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

**PROGRAM SERVICES CONTRACT**

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A which is attached hereto and is incorporated by reference as if fully set forth herein.

<b>Tracking #</b> 42099	<b>Contract Title:</b> TEEN OUTREACH PROGRAM (TOP)	
<b>Contract Start:</b> 10/1/2015	<b>Contract End:</b> 9/30/2018	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> AOC16380061		<b>Amend #:</b> 03

**PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED**

NAME OF ENTITY/INDIVIDUAL (Contractor)	
CITY OF COLUMBIA	
DOING BUSINESS AS (DBA) NAME	
MAILING ADDRESS	
701 EAST BROADWAY P O BOX 6015	
CITY, STATE, and ZIP CODE	
COLUMBIA MO 65205-6015	
REMIT TO (PAYMENT) ADDRESS (if different from above)	
CITY, STATE, and ZIP CODE	
CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
TAXPAYER ID NUMBER (TIN)	DUNS NUMBER
*****0810	071989024
CONTRACTOR'S AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE	DATE

**Amendment #003 To Contract #AOC16380061**

**CONTRACT TITLE:** Teen Outreach Program

**CONTRACT PERIOD:** October 1, 2017 through September 30, 2018

The State of Missouri hereby exercises the option to renew the above referenced contract for the period of October 1, 2017 through September 30, 2018.

In addition, the Department of Health and Senior Services hereby amends the following:

1. Delete Section 1.1 in its entirety and replace with revised Section 1.1 as follows:
  - 1.1 The contract amount shall not exceed \$45,000 for the period of October 1, 2017 through September 30, 2018.
2. Delete Section 5.5.2 in its entirety and replace with revised Section 5.5.2 as follows:
  - 5.5.2 The Contractor shall not bill the Department for indirect costs that exceed 9% of the modified total direct costs as defined in 2 CFR § 200.68.
    - a. Modified Total Direct Cost Method (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.
3. Delete Attachment D and Attachment F in its entirety and replace with revised Attachment D and Attachment F, which is attached hereto and is incorporated by reference as if fully set forth herein.

All other terms, conditions, and provisions of the contract, shall remain the same and apply hereto.

### PROGRAM SUMMARY

**A Program Summary for the evidence-based teen pregnancy prevention program offered should be submitted using this form.**

The offeror should list each time the entire multi-session evidence-based teen pregnancy prevention program is proposed to be conducted during the first contract period. For each entire multi-session evidence-based teen pregnancy prevention program, identify the facilitator, county/community, address/location, target population, and the proposed number of adolescents to be served.

<b>Funding</b>	<b>Proposed Dates/ Timeframe</b>	<b>Facilitator</b>	<b>County/ Community Where Program is Implemented</b>	<b>Address/Location</b>	<b>Target Population (age, grade, race/ethnicity, designate specific age range, e.g. 12-14, 15-17, etc.)</b>	<b>Proposed Number of Adolescents Served</b>
MCH	September 2017 – May 2018	Sarah Varvaro Ravin Palmer	Boone -Columbia	Battle High School	15-17	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Rock Bridge High School	15-17	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Hickman High School	15-17	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Douglass High School	15-17	10
MCH	September 2017 – May 2018	Sarah Varvaro Ravin Palmer	Boone - Harrisburg	Harrisburg High School	15-17	15
MCH	September 2017 – May 2018	Sarah Varvaro Ravin Palmer	Boone - Sturgeon	Sturgeon High School	15-17	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Jefferson Middle School	12-14	15
MCH	September 2017 – May 2018	Clara Umbe Ravin Palmer	Boone -Columbia	Oakland Middle School	12-14	15
MCH	September 2017 – May 2018	Sarah Varvaro Ravin Palmer	Boone - Harrisburg	Harrisburg Middle School	12-14	15
MCH	September 2017 – May 2018	Sarah Varvaro TBD	Boone - Columbia	Smithton Middle School	12-14	10
					<b>Totals</b>	<b>145</b>

**BUDGET**

<b>Budget Categories:</b>	<b>Justification:</b>	<b>Funding Requested:</b>
<b>Personnel Costs</b> (hourly wage, salaries, and fringe benefits)	-TOP facilitator for 5 TOP clubs (14hrs per week). -TOP coordinator time provided in-kind. -TOP facilitator for the remaining 5 clubs (25 hrs per week) is funded through another funding source (Boone County Children Services).	\$19,668.56
<b>Travel Expenses</b> (mileage, transportation, lodging, meals)	(Include travel costs to contractor conference, meal, mileage, hotel costs for travel; any student transportation costs, etc) - Van rentals for service projects and club events - Mileage reimbursement for facilitators - Travel, lodging, and meals for training trips for facilitators	\$2,000.00
<b>Education Program Costs</b> (curriculum materials, registration/ training fees, background checks, supplies, etc)	(Include supplies/food for meetings, educational materials, and other costs for club) For program implementation supplies including - Club supplies (journals, flip charts, markers, etc) - Lesson materials - Weekly snacks - Service event costs - End of the year recognition event	\$9,615.84
<b>Other Subcontractor Costs</b> (Facilitators to implement programs, etc.)	Supports CHALIS staff (including 1 trained facilitator) to facilitate or co-facilitate 9 clubs (five clubs will be supported by Boone County Children Services funding).	\$10,000
<b>Subtotal of all Budget Categories Above/Direct Costs</b>		\$41,284.40
<b>Indirect Costs</b>	(9%)	\$3,715.60
<b>Guaranteed not-to-exceed total annual price</b>		<b>\$45,000.00</b>

**CONTRACT FUNDING SOURCE(S)**

The Contract Funding Source(s) is supplemental information the Department is required to provide the Contractor when issuing a contract or amendment that will be funded by federal sources. The document identifies the total amount of funding and the federal funding source(s) expected to be used over the life of this contract. For the specific amount for a contract period, refer to the contract and/or applicable amendments. If the funding information is not available at the time the contract is issued or the information below changes, the Contractor will be notified in writing by the Department. Please retain this information with your official contract files for future reference.

<b>Tracking #</b>	42099	<b>State:</b> 0%	\$0.00	<b>Federal:</b> 100%	\$135,977.00
<b>Contract Title:</b>	TEEN OUTREACH PROGRAM (TOP)				
<b>Contract Start:</b>	10/1/2015	<b>Contract End:</b>	9/30/2018	<b>Amend#:</b> 03	<b>Contract #:</b> AOC16380061
<b>Vendor Name:</b>	CITY OF COLUMBIA				

<b>CFDA:</b> 93.235	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	AFFORDABLE CARE ACT (ACA) ABSTINENCE EDUCATION PROGRAM		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / ADMINISTRATION FOR CHILDREN AND FAMILIES		
<b>Federal Award:</b>	1601MOAEGP		
<b>Federal Award Name:</b>	ABSTINENCE EDUCATION GRANT PROGRAM FY 2016-2017		
<b>Federal Award Year:</b> 2017	<b>DHSS #:</b> 1601MOAEGP	<b>Federal Obligation:</b>	\$3,239.00

<b>CFDA:</b> 93.994	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION		
<b>Federal Award:</b>	1B04MC29350-01, 6B04MC29350-01		
<b>Federal Award Name:</b>	MATERNAL AND CHILD HEALTH SERVICES		
<b>Federal Award Year:</b> 2016	<b>DHSS #:</b> 16MCH	<b>Federal Obligation:</b>	\$43,869.00

<b>CFDA:</b> 93.994	<b>Research and Development:</b> N		
<b>CFDA Name:</b>	MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES		
<b>Federal Agency:</b>	DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION		
<b>Federal Award:</b>	1B04MC30623-01, 6B04MC30623-01		
<b>Federal Award Name:</b>	MATERNAL AND CHILD HEALTH SERVICES		
<b>Federal Award Year:</b> 2017	<b>DHSS #:</b> 17MCH	<b>Federal Obligation:</b>	\$43,869.00

<b>CFDA:</b> N/A	<b>Research and Development:</b> *		
<b>CFDA Name:</b>	*		
<b>Federal Agency:</b>	*		
<b>Federal Award:</b>	*		
<b>Federal Award Name:</b>	*		
<b>Federal Award Year:</b> *	<b>DHSS #:</b> ZZZ-PENDING FOA	<b>Federal Obligation:</b>	\$45,000.00

**\* The Department will provide this information when it becomes available.**

**Project Description:**

To implement the Teen Outreach Program (TOP) evidence-based teen pregnancy prevention program.